

PART B—ISSUE FEE TRANSMITTAL

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1. CORRESPONDENCE ADDRESS	24M1/1224
NORMAN R KLIVANS SKJERVEN MORRILL MACPHERSON FRANKLIN AND FRIEL 25 METRO DRIVE SUITE 700 SAN JOSE CA 95110-1300	

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
INVENTOR'S NAME	
Street Address	
City, State and Zip Code	
CO-INVENTOR'S NAME	
Street Address	
City, State and Zip Code	
<input type="checkbox"/> Check if additional changes are enclosed	

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/508,636	07/28/95	013	PEESO, T 2414	12/24/96
First Named Applicant		STEPHANIE W.		

TITLE OF INVENTION: FRAME RECONSTRUCTION FOR VIDEO DATA COMPRESSION

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
2	M-3415US	364-514.00R	H84	UTILITY	YES	03/24/97
					\$1,290.00	

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	1 Skjerven, Morrill, MacPherson, Franklin & Friel 2 3 Norman R. Klivans

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT. (print or type)	
(1) NAME OF ASSIGNEE: S3, Incorporated	
(2) ADDRESS: (CITY & STATE OR COUNTRY) Santa Clara, California	
A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignment should be directed to Box ASSIGNMENTS.	
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	
6a. The following fees are enclosed: <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____ 6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER 19-2386 (ENCLOSE A COPY OF THIS FORM) <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies 11 <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees	
The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Authorized Signature) 33 003 (Date) 3/20/97 NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.	

Certificate of Mailing

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Box ISSUE FEE
Assistant Commissioner for Patents

SL04086 08508636 19-2386 040 142 1,290.00CH
 on: March 20, 1997 08508636 (Date) 19-2386 040 561 33.00CH
 Johnny Murphy (Name of person making deposit)
 (Signature)
 (Date) 3-20-97

1. TRANSMIT THIS FORM WITH FEE